

U N I K A S S E L V E R S I T Ä T

This English version of the document is to be used as a reading version only. It is neither a self-contained nor a legally binding document!

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Important note:

This information is necessary so that we, as your new employer, can obtain your relevant tax information from the tax office and pay taxes on your compensation/salary.

Since you may be otherwise employed, we ask that you devote particular attention to the question as to full-time employment for tax purposes.

Information for the electronic wage tax deduction criteria procedure upon commencement of employment

First name: _____

Last name: _____

Birth name: _____

Date of birth: _____

Taxpayer ID:

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The employment relationship for which salary is to be paid by the University Payroll Office commencing on _____ is a

- full-time employment relationship; Wage Tax Category: I II III IV V
- part-time employment relationship (Wage Tax Category VI)

Are you currently otherwise employed? yes no

If so, please provide further details about your other employers:

(Name, address, income, period of employment)

Are you liable for church tax? yes no

If so, what is your confession?

I represent that the above statements are accurate.

Place, Date, Signature

To be completed by the personnel services department:

Employee number: _____ BHF representative: _____